



## **IMPORTANT NOTICE**

### **NEW MEXICO UNINSURED MOTORIST COVERAGE AND UNINSURED MOTORISTS COVERAGE OPTION FORM**

New Mexico law requires that we provide you with Uninsured Motorist Coverage at the Financial Responsibility Limits for Bodily Injury Liability of \$25,000 per person/\$50,000 per accident and \$10,000 per accident for Property Damage.

New Mexico law also includes Underinsured Motorist Coverage in Uninsured Motorist Coverage.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverage fulfills your insurance needs.

#### **UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE**

**APPLIES TO:** <sup>TM</sup> Motor Vehicles

**COVERS:** <sup>TM</sup> You  
<sup>TM</sup> Resident family members  
<sup>TM</sup> Other persons in your car  
<sup>TM</sup> You and family members as pedestrians

**BENEFITS:** UNINSURED MOTORIST COVERAGE provides benefits up to the limits stated on your policy for bodily injury, sickness or disease including death, which a covered person is legally entitled to recover from owners and operators of:

- <sup>TM</sup> a motor vehicle with respect to which no bodily injury liability policy or bond applies at the time of the accident; or
- <sup>TM</sup> a motor vehicle with respect to which a liability policy or bond applies but the bonding or insuring company denies coverage or is, or, becomes insolvent; or
- <sup>TM</sup> a hit and run motor vehicle whose owner or operator cannot be identified which hits or which causes an accident resulting in bodily injury or property damage without hitting you or any resident family member, or your covered vehicle.

UNDERINSURED MOTORIST COVERAGE provides benefits up to the selected limits which you are legally entitled to recover from the owner or operator of a motor vehicle with respect to which the sum of the limits of liability under all applicable bodily injury policies or bonds is less than the sum of the limits of liability you carry for UNINSURED MOTORIST COVERAGE under this or any other policy.

You may also purchase UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE which provides protection against injury to or destruction of your vehicle or property of each insured caused by an uninsured or underinsured motor vehicle subject to a \$250 deductible per accident.

**LIMITS:** Your UNINSURED MOTORIST COVERAGE limits must equal New Mexico's Financial Responsibility Requirements or you may elect higher limits up to your bodily injury limit.

We recommend that you select Uninsured Motorist Coverage limits equal to your Bodily Injury and Property Damage Liability limit. Your insurance protection and that of your passengers should equal the protection you provide to others.

Please be aware that any summary of coverage on this page is necessarily general in nature. Your policy contains specific definitions, exclusions, terms, and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions.

The Uninsured Motorist Coverage options indicated on the following page are also available for motorcycles. The rate for motorcycle coverage will be 200% of the respective rate for motor vehicle coverage.

Listed below are the available single and separate limits of Uninsured Motorist Coverage and the applicable premium for each. Please check the box next to the limit you wish to select.

☐ I reject Uninsured Motorist Coverage.

☐ I elect to increase Uninsured Motorist Coverage at:

If you have a single limit of liability, the following limits are available:

Per Occurrence	Annual Charge Per Vehicle
<input type="checkbox"/> \$ 60,000	\$124
<input type="checkbox"/> \$100,000	\$162
<input type="checkbox"/> \$300,000	\$267
<input type="checkbox"/> \$500,000	\$323

If you have a separate limit of liability, the following limits are available:

Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle	Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle
<input type="checkbox"/> \$ 25,000/ 50,000/10,000	\$ 85	<input type="checkbox"/> \$ 25,000/ 50,000/25,000	\$ 87
<input type="checkbox"/> \$ 50,000/100,000/10,000	\$138	<input type="checkbox"/> \$ 50,000/100,000/25,000	\$142
<input type="checkbox"/> \$ 100,000/300,000/10,000	\$193	<input type="checkbox"/> \$ 100,000/300,000/25,000	\$196
<input type="checkbox"/> \$ 250,000/500,000/10,000	\$273	<input type="checkbox"/> \$ 250,000/500,000/25,000	\$275

Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle	Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle
<input type="checkbox"/> \$ 25,000/ 50,000/50,000	\$ 89	<input type="checkbox"/> \$ 25,000/ 50,000/100,000	\$ 92
<input type="checkbox"/> \$ 50,000/100,000/50,000	\$143	<input type="checkbox"/> \$ 50,000/100,000/100,000	\$146
<input type="checkbox"/> \$ 100,000/300,000/50,000	\$198	<input type="checkbox"/> \$ 100,000/300,000/100,000	\$202
<input type="checkbox"/> \$ 250,000/500,000/50,000	\$277	<input type="checkbox"/> \$ 250,000/500,000/100,000	\$281

Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle	Per Person/Per Accident/Per Accident	Annual Charge Per Vehicle
<input type="checkbox"/> \$ 100,000/300,000/300,000	\$205	<input type="checkbox"/> \$ 250,000/500,000/500,000	\$286
		<input type="checkbox"/> \$ 300,000/300,000/500,000	\$282
		<input type="checkbox"/> \$ 300,000/500,000/500,000	\$289
		<input type="checkbox"/> \$ 500,000/500,000/500,000	\$326

By my signature below, I acknowledge that I have been offered Uninsured Motorists Coverage limits equal to my Bodily Injury Liability Coverage Limits. I acknowledge Uninsured Motorists Coverage has been explained to me, I understand the explanation, and I selected Uninsured Motorists Coverage limits, or rejected that coverage, by checking the appropriate block.

I understand that the UNINSURED MOTORIST COVERAGE I have selected shall apply throughout the policy period regardless of any changes such as the deletion, replacement or addition of any vehicle or drivers and to all renewals of my policy unless I indicate otherwise to Liberty Mutual in writing and/or supplemental policies.

**NAME AND ADDRESS:**

#####  
#####  
#####  
#####  
#####

**POLICY NUMBER:** ##### #

**SIGNATURE(S):**

\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_